10/00/267

U.S. Paters and Trademan: Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875											urpea
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMB			ER FILED NUMBE		ER EXTRA		RATE	FEE		RATE	FEE
8	C FEE SR 1,16(e))							\$	OR		·
67 C	AL CLAIMS FR 1.10(d)		erinus 20 =				x s		OR	× 3 •	
	PENDENT CLAIA FR 1.18(b))	LS .	mieus 3 ° '				×		OR	x s	
MULTIPLE DEPENDENT CLAM PRESENT (57 CFR 1.18(4))							+1		OR	+8•	
"If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
/ CLAIMS AS AMENDED - PART II											
3	(Column 1) (Column 2) (Column 3)				_	SMALL ENTITY		QR	OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENIOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
ENDMENT	Total co cra 1,14co	38	Minus	28	•		×5•		OR	x s=	
ENC	Independent (27 CFR 1,1800)	• 3	Minus	-3	•		x s =		OR	x \$	
AM	FIRST PRESENT	ATION OF MULTIPLE	E 0676/DI	DIT CLAIM (37 CF	R 1.16(4))		+: =		OR .	+:	
						•	TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
(Column 1) (Column 2) (Column 3)							1000.00				
	0/ 1	CLAIMS		HIGHEST		1			١,		
1	Yes IN	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	<i>\</i>	RATE	ADDI- TIONAL
ENT	7-2-100	AMENDMENT	Minus	PAID FOR	-		\longrightarrow	FEE_			FEE
AMENDM	Total car care 1.18(x)	10		as		L	X 8=		OR	**	
M	Independent (II CFR 1.16(h))		Minus	_ث	<u> </u>	`	×		OR	x 2 -	
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	DITCLAIM (37 CF	FR 1.16(d)				OR		
/						•	TOTAL . ADDL FEE		OR	TOTAL ADD'L FEE	
Column 1) (Column 2) (Column 3)											
υÞ	11:1-1	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AMENDMENT	Total	· //	Minus	-ZX	*	1	X 5 •		OR	K \$ •	
舃	Independent GP CFR 1,180/0	 	Minus	- 3		1	× 8 •		OR	7.5	
AME		I /	i Okberio	DIT CLAN AND	FR 1.160m	1			OR	+ :	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						J	TOTAL	 	or or	TOTAL	
ADD'L FEE OR ADD'L FEE											
" If the entry in column 1 is least than the entry in column 2, while "or column 3." " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "J".											

"If the "righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

The "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. These will vary depending upon the individual case. Any comments on the amount of three you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Tradenark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.